

JAN 30 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/844,175
 Filing Date April 27, 2001
 Inventorship Warren M. Farnworth et al.
 Assignee Micron Technology, Inc.
 Group Art Unit 2829
 Examiner R. Robert
 Customer No. 021567
 Confirmation No. 4157
 Attorney's Docket No. MI22-1703
 Title: Removable Electrical Interconnect Apparatuses and Removable Engagement
 Probes

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

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3. Response to 9/28/2005 Office Action
4. Terminal Disclaimer
5. Request for Extension of Time (1 mo.)
6. Interview Summary

Dated: 1/30/06

By: 
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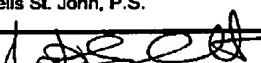
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/844,175
		Filing Date	April 27, 2001
		First Named Inventor	Farnsworth et al.
		Art Unit	2829
		Examiner Name	R. Kober
Total Number of Pages In This Submission		Attorney Docket Number	MI22-1703

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449; Interview Summary.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James D. Shaurette, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	1/27/06

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 30, 2006	
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Date 1/30/06	

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEEffective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
1130.00**Complete if Known**

Application Number	09/844,175
Filing Date	April 27, 2001
First Named Inventor	Farnworth et al.
Examiner Name	R. Kober
Art Unit	2829
Attorney Docket No.	MI22-1703

METHOD OF PAYMENT (check all that apply)

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
43 - 20 or HP =	2	x 50.00	= 100.00

Multiple Dependent ClaimsFee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
7 - 3 or HP =	3	x 200.00	= 600.00

Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS, Terminal Disclaimer, Req. for Ext. \$430.00**SUBMITTED BY**

Signature		Registration No. 39,833 (Attorney/Agent)	Telephone 509-624-4276
Name (Print/Type)	James D. Shaurette	Date	1/27/06

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